

**FORT BRAGG AREA ALUMNAE CHAPTER  
DELTA SIGMA THETA SORORITY, INC.  
P.O. BOX 74543  
FORT BRAGG NC 28307-4543**

**2022-2023 High School Scholarship Application**

Delta Sigma Theta Sorority, Inc. is an organization committed to public service. The Fort Bragg Area Alumnae Chapter (FBAAC) is continuing its commitment by assisting graduating high school students who want to continue their education by attending a two-year or four-year college/university. Therefore, we are proud to award scholarships based on scholastic record, community service, extracurricular activities, and essay responses to eligible high school seniors.

**ELIGIBILITY CRITERIA**

**To be considered for a scholarship the applicant must:**

- Be a senior graduating from a high school in Cumberland, Harnett or Hoke County and planning to attend either an accredited two-year or four year- college/university as a full-time student the fall following high school graduation
- Have a minimum grade point average of 2.75 on a 4.0 scale at the time of submission
- Be a military ID holder or resident of either Spring Lake, Hope Mills, Raeford, Lillington or Fort Bragg/Pope AAF (military status and address subject to verification by the school)

**ELIGIBLE SCHOLARSHIP APPLICANTS MUST COLLECT AND SUBMIT THE FOLLOWING IN ONE ENVELOPE**

- A completed and legible application (preferably typed or printed in black ink)
- Official high school transcript in a sealed envelope
- Senior portrait (head shot only) photograph attached to the application
- 1-2 page essay typed using 12-point Arial font and double-spaced  
Select one of the topics below
  - **Explain how a recent injustice within our country or your local community has impacted you.**
  - **Describe a specific person that has made a significant impact on your life and why.**
  - **Describe the impact that COVID-19 has made on your life.**
- Letters of recommendation on **official letterhead signed and in a sealed envelope from each of the following:**
  - High school teacher
  - High school administrator or counselor
  - Community organization sponsor or leader who has witnessed or supervised your community service

## **SCHOLARSHIP CATEGORIES**

- **Academic Achievement Award-** An applicant with high scholastic accomplishments as evidenced by GPA, awards, honors and other distinctions and participation in extracurricular school activities and/or community organizations (**Minimum GPA 3.0 on 4.0 scale**).
- **Community Service Award-** An applicant who provides services to the school or community through involvement in organizations, volunteer groups, or extracurricular activities (**Minimum GPA 2.75 on 4.0 scale**).
- **Fortitude Leadership Award-** Female African American applicant who demonstrates leadership abilities by holding offices and/or chairing a committee in civic or school organizations (**Minimum GPA 2.75 on 4.0 scale**).
- **Book Award-** Awarded to an applicant who was not selected as a recipient of one of the above scholarships, but whose achievements warrant recognition (**Minimum GPA 2.75 on 4.0 scale**).

## **SCHOLARSHIP AWARD AND DISBURSEMENT**

- Award recipients will be notified by the 1<sup>st</sup> week in March; and expected to attend the Chapter's Signature Scholarship Fundraiser Event (Big Hat Brunch) in March, where they will be recognized.
- Scholarship checks will be disbursed upon receipt of **enrollment verification** from the registrar's office on the selected college/university's letterhead indicating **full time** enrollment for the fall.
- Upon receipt of the enrollment verification, the scholarship check will be sent directly to the student via certified mail.
- The scholarship award will be forfeited if the official enrollment verification is not received by the FBAAC Scholarship Committee by October 1, 2023 and/or the recipient does not attend a two- or four-year college/university during the fall 2023.

The Scholarship Application is available at [www.fortbraggdeltas.com](http://www.fortbraggdeltas.com). Eligible students should download and complete all sections of the application and submit the application with all supporting documentation. Mail your completed application to:

**Delta Sigma Theta Sorority, Inc.**  
**Fort Bragg Area Alumnae Chapter**  
**P.O. Box 74543**  
**Fort Bragg, NC 28307-4543**  
**ATTN: Scholarship Committee**

Applications must be postmarked by January 20, 2023. **Applications postmarked after that date will not be accepted.** If you have any questions, please email [dst.fbaac.scholarship@gmail.com](mailto:dst.fbaac.scholarship@gmail.com)

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2022-2023 Scholarship Application**

All information submitted on this application will be held confidential for review by the Scholarship Committee of the Fort Bragg Area Alumnae Chapter.

**ALL INFORMATION MUST BE TYPED OR PRINTED IN BLACK INK**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Last First M.I.

Address \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ Cell phone \_\_\_\_\_ Email \_\_\_\_\_

**ELIGIBILITY CRITERIA**

Military ID Card Holder  Spring Lake  Hope Mills   
Raeford  Lillington  Fort Bragg/  
Pope AAF

**HIGH SCHOOL INFORMATION**

\_\_\_\_\_  
Name of High School Expected Date of Graduation

\_\_\_\_\_  
School Counselor GPA: \_\_\_\_\_ (4.0 scale)

**COLLEGIATE CHOICES**

List the top three colleges or universities to which you have or plan to apply:

School	<input type="checkbox"/> Applied <input type="checkbox"/> Pending <input type="checkbox"/> Accepted
School	<input type="checkbox"/> Applied <input type="checkbox"/> Pending <input type="checkbox"/> Accepted
School	<input type="checkbox"/> Applied <input type="checkbox"/> Pending <input type="checkbox"/> Accepted

## LETTERS OF RECOMMENDATION

The letters of recommendation must be on the school and volunteer organization's letterhead. The persons writing the recommendation should comment upon:

- The length of time they have known you
- Your personal qualities, character, leadership abilities and any other special attributes
- Why they believe you have the perseverance to succeed at the college/university level

High School Teacher	Contact Number: Email address:
High School Administrator or Counselor	Contact Number: Email address:
Community Leader	Contact Number: Email address:

Community Service (High School years only) that did not provide any form of payment, compensation, exchange of services, or class credit. An organization can only be listed once. Community service activities cannot be **school related, job-related, or performed in the interest of family, or self, nor activities for which the student will earn a grade.** Church or religious activities such as, Sunday school teacher, singing in the choir, usher board member, church youth council, etc. are acceptable community services.

Name of Organization/Activity	Responsibility	Grade (Check Boxes that Apply)			
		9	10	11	12
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**High School Extracurricular Activities** (Include school sports teams, school clubs, and organizations). Be specific in describing your position. Limit your responses to the space provided. Briefly describe any activities that are not self-explanatory. **For example, all Key Club activities must be listed as one entry under Key Club.**

Name of Group/ Activity	Grade (Check Boxes that Apply)				Leadership Position(s)
	9	10	11	12	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**List Honors and Awards (e.g. academic, athletic, community and/or school awards)**

Type of Award	Reason(s) for Award	Grade (Check Boxes that Apply)			
		9	10	11	12
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Work Experience: Please list your work experience.**

<b>Employer</b>	<b>Position</b>	<b>From/To</b>	<b>Hours Worked</b>

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian Signature  
*(If student is currently under the age of 18)*

\_\_\_\_\_  
Date

**CERTIFICATION**

I/We hereby acknowledge that the information submitted on this application is true, complete, and accurate to the best of our knowledge and belief. I/We understand that falsification or misrepresentation of the information contained herein will disqualify the applicant from scholarship consideration.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

**PHOTO ATTACHMENT**

